

Module 3: Treatment and Recovery—The TC View

Preparation Checklist

- ☐ Review Getting Started (page 9) for preparation information.
- ☐ Review Module 3, including Resource Sheets, Summary of Module 3, and Review of Module 3.
- ☐ Review the following recommended reference:
 - De Leon, George. *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Company, Inc., 2000. Chapters 3 through 5.
- ☐ Prepare a list of terms and expressions that are used in the participants' TC.
- ☐ In addition to the materials listed in Getting Started, assemble the following for Module 3:
 - Construction paper or poster board
 - Crayons or markers.

Module 3 Goal and Objectives

Goal: To enable participants to understand how the TC views those who use drugs or alcohol and the changes in behavior and values necessary for recovery in a TC.

Objectives: Participants who complete Module 3 will be able to

- Describe three distinctive features of the TC: TC language, community-as-method, and rational authority
- Give an example of the TC views of the disorder, the person, recovery, and right living
- State at least three assumptions of the TC belief system
- Explain one way staff members can demonstrate that they understand the need for a belief system.

Content and Timeline

Introduction	20 minutes
Presentation: Distinctive Features of TCs	30 minutes
Presentation: TC View of the Disorder and the Person	30 minutes
Exercise: Case Study of Ray—Disorder of the Whole Person	30 minutes
Break	15 minutes
Presentation: TC View of Recovery	15 minutes
Presentation: TC View of Right Living	10 minutes
Exercise: Role Play—Right Living	30 minutes
Break	15 minutes
Presentation: TCA Staff Competency—Understanding the Need for a Belief System Within the Community	10 minutes
Summary and Review	30 minutes
Journal Writing and Wrapup	20 minutes
Total Time	4 hours, 15 minutes

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20 minutes



OH #3-1

Introduction

Distribute and review the Module 3 agenda.

If you are conducting Module 3 as a stand-alone session or if you have just completed presenting Module 2, skip the following Module 2 review.

Review

Ask participants what they remember from Module 2. Ensure that the following topics are reviewed:

- The definition of a TC
- Contributions made by forerunners to today's TC
- How TCs have evolved into the mainstream of human services
- The 14 basic components of a generic TC.

Ask participants whether they have any questions or have had any thoughts about Module 2.

Module 3 Goal and Objectives



Ask participants to turn to page PM 3-1 of their Participant's Manuals.

Present the goal and objectives of Module 3.

Goal: To enable participants to understand how the TC views those who use drugs or alcohol and the changes in behavior and values necessary for recovery in a TC.

Objectives: Participants who complete Module 3 will be able to

- Describe three distinctive features of the TC: TC language, community-as-method, and rational authority
- Give an example of the TC views of the disorder, the person, recovery, and right living
- State at least three assumptions of the TC belief system
- Explain one way staff members can demonstrate that they understand the need for a belief system.

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30 minutes



OH #3-2



Presentation: Distinctive Features of TCs

Explain that TCs share certain distinctive features:

- TC lingo or language
- Community-as-method
- Rational authority
- The TC views of the disorder, the person, recovery, and right living.

TC Lingo

Note that TC residents and staff use specific terms and expressions that are specific to the TC approach to treatment or to self-help recovery groups.

Ask participants for examples of TC lingo. Record responses on newsprint.

Add any terms that were not mentioned, and tape/tack the newsprint on the wall.

Stress that using distinct terms and expressions are important because they

- Bond staff members and residents by providing a common language
- Ensure that everyone understands and reinforces the same concepts and practices.

Community-as-Method

Introduce the concept of “community-as-method” by asking participants to define what they think it means.

Write responses on newsprint.

Ensure that the following features are identified:

- The community-as-method approach is a social learning process; residents learn from observing one another and themselves.
- The community established in the TC functions as a facilitator for change.
- The structure of the community creates a healthy familylike atmosphere and a setting conducive to psychological and behavioral change.

Explain that the community-as method approach is discussed in more detail in Module 4.

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Rational Authority

Define “rational authority” by explaining that

- Clinical staff members have the authority to make all decisions related to resident status, discipline, promotion, transfer, discharge, furlough, and treatment planning.
- Staff members must use their authority in a consistent, trustworthy, compassionate, and rational way by explaining the reasons for their decisions.

Ask experienced staff persons to provide examples of their recent use of rational authority.

Explain that rational authority is discussed in more detail in Module 7.

TC Views

Explain that the TC approach to treatment is based on four interrelated views:

- The view of the disorder
- The view of the person
- The view of recovery
- The view of right living.



30 minutes



OH #3-3

Presentation: TC Views of the Disorder and the Person**The Disorder**

Discuss the TC view of the disorder. Explain that the TC view of a substance use disorder

- Does not see the disorder as a primary medical disease or sickness
- Places less emphasis on the biological bases of a substance use disorder and more emphasis on personal motivation and responsibility in the recovery process
- Sees substance use disorders as disorders of the whole person that affect virtually every aspect of the person's life:
 - Behavioral
 - Social
 - Medical
 - Cognitive

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- Vocational
- Educational.

Ask participants for real-life examples of the effects of substance use disorders on their programs' residents. Try to elicit one or two examples for each area listed above.

The Person

Discuss the TC view of the person. Explain that new residents of TCs typically

- Have an unrealistic sense of self
- Have poor judgment and difficulty making good decisions
- Have difficulty solving problems
- Perceive themselves as unworthy
- Have trouble identifying and talking about their feelings
- Lack trust in themselves and others
- Have a pattern of deceiving themselves and others
- Are manipulative
- Behave irresponsibly and immaturely
- Externalize causes of behavior.

Emphasize that the TC views residents as people who *must* and *are able* to change their behavior, attitudes, and sense of self and become productive members of society.



30 minutes



OH #3-4



Exercise: Case Study of Ray—Disorder of the Whole Person

Refer participants to page PM 3-5, Resource Sheet #3-1: Case Study of Ray—Disorder of the Whole Person.

Explain that the purpose of the exercise is to reinforce the TC view of substance use disorders as disorders of the whole person and to discuss specific examples from the case study of Ray.

Ask participants to gather in their small groups and read Ray's story.

Ask each group to select

- A facilitator who will keep track of time and encourage all participants to contribute to the discussion

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- A recorder who will take notes and report a summary of the group's discussion.

Ask the groups to think about the possible ways in which Ray's substance use disorder has affected his life and to consider the following topics:

- Cognitive and behavioral issues
- Perceptual issues
- Emotional issues
- Social issues.

Allow 15 minutes of small-group discussion; then ask each group to present its answers to the assigned questions.



15 minutes



OH #3-5

Presentation: TC View of Recovery

Define recovery as not only abstinence from alcohol and drugs but the gradual building or rebuilding of a new life.

Explain that recovery in the TC results in changes in thinking, feeling, values, behavior, and self-identity through

- *Rehabilitation:* Residents who once had a relatively stable home life require support to relearn the skills and values of a stable family and community.
- *Habilitation:* Residents who never had a stable home life must learn the behaviors, skills, attitudes, and values of a stable and supportive family and community that they never acquired.

Ask participants which type of recovery (rehabilitation or habilitation) Ray requires.

Allow 10 minutes for group responses. Summarize and clarify that Ray requires both types of recovery:

- Ray's early years were typical for his social environment and provided him with some normal social abilities and other skills (rehabilitation).
- During his junior and senior high school years Ray's life was chaotic, he did not have a positive male role model during critical years, and he developed patterns of lying and denial that prevented him from being a productive worker or establishing a close and intimate relationship with his girlfriend (habilitation).

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Discuss recovery as a gradual, incremental process that includes

- Becoming honest and responsible
- Recognizing the need to change
- Eliminating self-defeating behavior and thought patterns
- Learning to recognize and manage feelings without using drugs or alcohol
- Changing social identity
- Increasing self-awareness and awareness of others and their environment
- Developing a prosocial value system.

Use Ray as an example of the TC recovery process. Explain that gradually, with the support of peers and staff members, Ray is expected to

- Become aware of himself, others, and his environment. He will undergo a socialization process that will teach him how to be a productive member of society
- Transform his self-identity to become a productive, worthy, and active member of mainstream society
- Use groups to talk about his self-defeating and antisocial attitudes and behavior
- Identify and express a range of emotions from joy and affection to sadness and disappointment
- Learn impulse control and how to delay gratification and control his emotions
- Acquire skills in completing tasks, being honest, and being willing to conform to the rules of the TC and, eventually, mainstream society
- Learn to trust others and trust his own feelings, thoughts, and decisions
- Be accountable for his actions.

Discuss the importance of focusing on behavioral goals of residents to

- Develop self-discipline and impulse control
- Show compassion for others
- Achieve success and satisfaction in their personal and work lives
- Become role models for new and junior residents
- Become responsible and productive members of society.

Explain that the TC lingo discussed earlier includes many maxims or sayings to remind staff members and residents of the goals for recovery.

Give the following examples:

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- \$ “You can’t keep it unless you give it away” encourages a person to be generous in supporting recovery in others. Residents are encouraged to open their hearts and give of themselves to others.
- “Remember who you are” acts as a reminder of the basic goodness and potential of each person.
 - “You are your brother’s or sister’s keeper” reminds residents that being responsible for others helps both the resident and the other person engage in self-help and mutual self-help.

Refer participants to Resource Sheet #1-1 (page PM 1-4) to review other recovery maxims.



10 minutes



OH #3-6

Presentation: TC View of Right Living

Explain that the TC views right living as much more than abstinence from alcohol and drugs and encourages residents to adopt the following values:

- *Honesty in word and deed:* Honest expression of emotions and reactions reveals residents’ true self-identities to others and to themselves.
- *Responsible concern for others:* By challenging and supporting others, residents show that they care for others and for themselves. Responsible concern is necessary for self-help and mutual self-help and repudiates the code of the street.
- *Work ethic:* Self-reliance, excellence, earned rewards, pride, and commitment enable residents to become productive members of society.
- *Active and continuous learning:* Learning about themselves and the world strengthens residents’ ability to maintain recovery.

Ask participants to share real-life examples of these elements of right living.



30 minutes



Exercise: Role Play—Right Living

Ask participants to move into their small groups. Introduce the role-play exercise by explaining that the exercise can

- Illustrate how a staff member can explain right living to a new resident
- Provide an opportunity to experience the thoughts and feelings new residents may have when they first come to the TC.

Refer participants to page PM 3-9, Resource Sheet #3-2, and read the scenario aloud.

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Instruct participants to decide who will be

- Ray, the new resident
- Frank, a staff member
- Observers.

Allow 10 minutes for the groups to role play.

Ask the following questions:

- *To Ray:* What did you experience as the new resident? Do you think these feelings are typical of new residents?
- *To Frank:* What did you experience as the staff member?
- *To observers:* What did you observe? What seemed to work well?
- *To all participants:* What else do you think staff members can do to support new residents?

Explain that providing new residents with frequent and consistent attention and instruction from staff members in the first 30 days

- Increases the rate of their assimilation into the TC
- Decreases dropout rates.

Emphasize that once residents are fully integrated into the TC, they rely more on their peers than on staff members.

Allow 5 minutes for participants to share their thoughts and feelings.

Ask two participants the following questions:

- How did you feel during the exercise?
- What, if anything, did you notice about yourself during the exercise?

Thank participants for sharing.

Instruct participants to write in their journals for 5 minutes. They may write about

- Their participation in the exercise
- Their thoughts about the concept of right living.



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10 minutes



OH #3-7

Presentation: TCA Staff Competency—Understanding the Need for a Belief System Within the Community

Define “belief system” as a set of beliefs, values, and guidelines that are the foundation for a positive social learning process.

Key assumptions of the TC belief system are that

- The TC treatment approach is effective.
- Residents can change and become responsible members of mainstream society.
- The community-as-method approach facilitates change. The TC, as a community, rather than a single therapist or counselor, is the healing force that facilitates individual change.
- Each member of the TC must assume responsibility for his or her behavior.

Describe how staff members can promote the TC belief system:

- Work with residents to display the concepts, slogans, and sayings that support the TC belief system throughout the community. The concepts, slogans, and sayings serve as reminders of right living, and displaying them increases residents’ sense of ownership and pride in being a member of the TC.
- Participate in the TC traditions that reinforce the belief system (e.g., the morning meeting).
- Demonstrate the TC concepts for right living in words and actions.



30 minutes



Summary and Review

Review the topics presented in this module.

Ask participants to gather in their small groups.

Refer participants to page PM 3-10, Summary of Module 3.

Instruct participants to read the summary either individually or in their small groups.

Refer participants to page PM 3-12, Review of Module 3.

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Instruct participants to work with their small groups to answer the questions on Review of Module 3. Explain that this review is a way for participants to assess and consolidate their learning.

Give each group construction paper or poster board and crayons or markers, and ask each group to create a poster that illustrates one of the TC views.

Assign one or more TC views to each group.

Allow 20 minutes for the small-group review and poster creation.

Hang posters around the training room so that they are visible throughout the rest of the training.

Ask participants what they learned in this session, and facilitate discussion.



20 minutes



OH #3-8



Journal Writing and Wrapup

Journals

Instruct participants to take 5 minutes to write in their journals. Possible subjects are

- How do you feel about what you have learned?
- What new ideas did you get from this module?
- What thoughts or concerns do you have about your role as a member of the TC?

Wrapup

Wrap up the session by asking participants whether they have any questions or would like to share their thoughts and feelings about Module 3 or the training in general. Note that participants may say anything on their minds.

Allow time for participants to respond.

Conduct one of the following completion activities:

- Ask each participant to say something positive about the person sitting to his or her right.
- Ask each participant what he or she would like to be acknowledged for, and acknowledge the person.

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OH #3-9



Pework for Module 4: The Community-as-Method Approach

Ask participants to read, before the next session, Resource Sheet #4-1: Community-as-Method.

Resource Sheet #3-1: Case Study of Ray— Disorder of the Whole Person

Ray is a 28-year-old salesman who began smoking and drinking alcohol at the age of 14 and using marijuana and other substances when he was a junior in high school. At age 19 he was introduced to crack cocaine and started to freebase with others by the time he was 21. Cocaine became his substance of choice, although he continued to drink alcohol with his buddies while watching TV and videos.

Education

Ray's elementary school years were extremely positive, and he loved to go to school. When he entered junior high, he had trouble with math but did not receive extra tutoring so he got behind in his work. Ray was quiet and did not feel comfortable or secure in the large metropolitan junior/senior high school complex. Gradually all his grades started to slip, and he started associating with other students who were not doing well.

When Ray was in 9th grade, his guidance counselor tried to intervene, but Ray felt disappointed because she did not understand his problems and home environment, which was becoming increasingly tense. Ray did not participate in school or religious activities, but he occasionally played sports at the city's afterschool programs.

During Ray's high school years, his life was fraught with disappointments, failure in school, and conflict at home. He increasingly became withdrawn, insecure, and fearful. His high school friends did not do well in school, and they often skipped school together to smoke cigarettes and drink alcohol. Ray dropped out of high school in his senior year after failing all of his courses. He was depressed and felt like a failure.

Family Life

Although Ray's father drank on and off for many years, family life had been fairly routine. His father worked for the city's maintenance department, and his mother was a homemaker caring for Ray and his two younger brothers.

During Ray's junior high school years, his father became physically and emotionally abusive after he lost his job of many years because of a departmental budget cut in poor economic times. His violence escalated, and he was arrested when the neighbors called the police. Ray's mother would not let him back in the house when he was released. Ray then lost contact with his father and did not see him again until Ray was released from the TC.

Ray's mother became preoccupied with maintaining the two jobs that she needed to support herself and her sons and spent less and less time with Ray and his brothers.

Work History

After dropping out of high school, Ray worked for 8 retailers over the next 10 years. He had a generally pleasant and outgoing personality. His income fluctuated considerably because he worked on commission. Ray frequently changed jobs after being scolded for not making his sales quotas. He was fired from his last two jobs for erratic attendance and being dishonest about his sales volume. Ray expected a lot from his bosses and felt that they should do a better job of training him.

Ray frequently would cancel appointments with prospective clients when his lunch hour with buddies lasted late into the afternoon. He frequently lied to his coworkers and bosses about an incredible series of misfortunes that caused him to miss important sales meetings.

Although Ray did not get high on the job, he often left work early on Fridays and did not come in on Mondays because he had been freebasing, drinking, and smoking marijuana over the weekend. He would often become angry and tell his drinking buddies what a terrible boss he had. He felt that his bosses had let him down because they would not support him when his sales volume declined, even though he spent extra hours on his successful sales. He believed he should have gotten bigger bonuses for his successful sales.

Because of his sense of disappointment that started in early in life, Ray began to mistrust people in general and particularly those in authority. He had trouble working with his bosses and other coworkers because of this mistrust.

Relationships

Ray had been seeing a family counselor sporadically for the past 3 years at the insistence of his girlfriend, whom he met when he was 21. Tina was a college graduate who worked long hours at her job as assistant manager of a bank. She started using marijuana and consuming alcohol to socialize when going to parties with Ray. Gradually Tina's use increased at home as a way to express her love for him and strengthen their relationship.

Ray and Tina started living together when Ray was out of work and could not afford to live on his own any longer. He felt dependent on Tina emotionally and financially.

Ray frequently did not come home after work and would not tell Tina where he had been. He never told Tina when he changed jobs. She usually found out when he would make a big sale and tell her about the good news at his new job. He developed a pattern of lying to Tina about his whereabouts. Ray viewed lying to her as a way of showing he was independent and did not have to account for his time.

Ray often said that he forgot where he had been. Sometimes he would create a story about his whereabouts because it was more interesting than admitting he had slept all day after a night of drinking and drugging. He also lied to Tina about how much money he made and used more money on drugs.

Ray liked to meet his buddies over the weekend to watch TV at the local bars. He promised Tina that he would not get drunk, but he would often come home late on Sunday and then call in sick on Monday morning after she had left for work. He had many drinking buddies, but no one he considered to be a friend.

Tina believed it would be better to have Ray at home than in the bars, so she insisted that he invite people over to their apartment to watch games on TV. That was fine with Ray, and their home soon became a hangout for drinking and doing drugs during the weekend and increasingly during the week. When their life started to revolve around alcohol and drugs, their relationship became full of arguments and conflicts.

From time to time, Tina would ask about Ray's father or want to invite his mother or brothers over for dinner. Her attempts to know more about Ray's family resulted in intense emotional outbursts, bordering on violence. When asked about it the next day, Ray would deny that he had had an outburst and say that she was exaggerating.

Criminal Behavior

Ray began to steal to support his drug use and lifestyle when his sales commissions were below his living expenses. His first arrest occurred when he got into a fight in a bar and was found in possession of marijuana. The second arrest came when he was in the car with a friend who had been drinking. When they were pulled over by a police officer, his friend was arrested for driving while intoxicated and Ray was arrested for possession of cocaine.

The court-ordered evaluation recommended a long-term TC. Ray felt lucky to have gotten off easy and anticipates that his stay in the TC will be a breeze.

Questions

Cognitive and Behavioral Issues

New residents of TCs typically use poor judgment and have difficulty making decisions. They also have trouble solving problems. New residents typically have poor awareness of themselves and how their actions affect themselves and others.

What are examples of Ray's cognitive and behavioral issues?

Perceptual Issues

New residents typically do not see themselves as worthy people or as valuable members of society. They have low self-esteem and describe themselves as social deviants or victims of a society that owes them privileges and a living.

What are examples of Ray's perceptual issues?

Emotional Issues

New residents have difficulty identifying and talking about their feelings, except for showing anger and hostility to hide underlying feelings such as fear, hurt, disappointment, or sadness. They have difficulty restraining themselves from emotional outbursts or aggressive behavior when they feel denied, impatient, or provoked. They are unable to tolerate frustration or emotional discomfort. They typically experience a great deal of guilt or shame and exhibit low self-esteem.

What are examples of Ray's emotional issues?

Social Issues

New residents have been enmeshed in a drug-using peer group and, possibly, a criminal subculture. Often, they have no drug-free friends and associates and may be alienated from family members. They often are disengaged from mainstream culture and social institutions but have a sense of entitlement regarding what society owes them.

What are examples of Ray's social issues?

Motivation To Change

Discuss how the TC can motivate a resident like Ray to change. Use the following four categories of TC activities for your discussion:

Behavior management or behavior shaping: The TC engages residents in a learning process that involves developing prosocial behavior through the community-as-method approach. Positive behavior is modeled and rewarded, and negative behavior is sanctioned.

Enhancement of emotional and psychological life: The TC provides a supportive environment in which residents can explore feelings and help one another identify self-defeating patterns of behavior and experience personal growth.

Enhancement of intellectual and spiritual life: Residents are encouraged to grow by thinking through their problems and learning about a world greater than themselves.

Improvement of work and vocational skills: Strong emphasis is placed on developing living and work skills so residents can be self-supporting and contribute to society after they leave the TC.

Resource Sheet #3-2: Role Play of Right Living

Scenario

Ray has been court ordered to treatment in a 6-month TC program. He thinks life will be easy for the next 6 months.

Ray is transported to the program by the sheriff's department and released to the program staff. He soon sees guys he knew from his high school days, which makes him feel right at home. After intake, Ray is introduced to Frank, a senior resident in treatment who is responsible for orienting Ray to some aspects of the program.

Ray is surprised at how seriously Frank is taking this responsibility. Ray starts to give Frank trouble and says that he expects the TC to train him and help him find a better job. Ray says that he is tired of sales and it is about time for someone to prepare him for a secure, high-paying job with regular hours.

Frank responds by acknowledging Ray has had a tough life and assures him he will be able to reach his goals. He explains some of the basic rules in a gentle way and says, "Don't worry about tomorrow. We will take it 1 day at a time. You will have jobs in the community here that will help you establish good work habits and relationships with coworkers and bosses."

The Role Play

The role play begins with Frank introducing himself to Ray, followed by an explanation of right living. Frank uses the following as a guide to explaining right living:

- *Honesty in word and deed:* Honest expression of emotions and reactions reveals residents' true self-identities to others and to themselves.
- *Responsible concern for others:* By challenging and supporting others, residents show that they care for them and for themselves. Responsible concern is necessary for self-help and mutual self-help and repudiates the code of the street.
- *Work ethic:* Self-reliance, excellence, earned rewards, pride, and commitment enable residents to become productive members of society.
- *Active and continuous learning:* Continuous learning about themselves and the world strengthens residents' ability to maintain recovery.

Summary of Module 3

Distinctive Features of a TC

A common language: Common terms and expressions help bond staff members and residents and ensure that everyone understands and reinforces the same concepts and practices.

Use of community-as-method: The community-as-method approach is a social learning process, meaning that residents learn from observing one another and themselves. The community established in the TC functions as a facilitator of change. The community's structure creates a familylike atmosphere conducive to psychological, behavioral, and social change.

Rational authority: Professional clinical staff members have the authority to make all decisions related to residents, including resident status, discipline, promotion, transfer, discharge, furlough, and treatment planning. Staff members must use this authority in a consistent, trustworthy, compassionate, and rational way by explaining the reasons for their decisions.

Distinct TC views of the disorder, the person, recovery, and right living.

TC Views

TC View of the Disorder

Substance use disorders are viewed as disorders of the whole person in which virtually every aspect of a person's life is affected.

TC View of the Person

TC residents are viewed as people who must and are able to change their behavior and become productive members of society.

TC View of Recovery

The TC defines recovery as the gradual building or rebuilding of a new life and results in changes in behavior and self-identity. Recovery is an incremental process that includes

- Becoming honest and responsible
- Recognizing the need to change
- Eliminating self-defeating behavior and thought patterns
- Learning to recognize and manage feelings without the use of drugs or alcohol
- Changing social identity
- Increasing self-awareness and awareness of others and their environment
- Developing a prosocial value system.

The behavioral goals for residents are to

- Develop self-discipline and impulse control
- Show compassion to others
- Achieve success and satisfaction in their personal and work life
- Become role models for new and junior residents
- Become responsible and productive members of society.

TCs have many maxims or sayings that remind staff members and residents about the goals for recovery. See Resource Sheet #1-1: TC Recovery Maxims, in Module 1.

TC View of Right Living

TC residents are encouraged to accept the principles of right living, including

- *Honesty in word and deed:* Honest expression of emotions and reactions reveals residents' true self-identities to others and to themselves.
- *Responsible concern for others:* By challenging and supporting others, residents show that they care for them and for themselves and repudiate the code of the street.
- *Work ethic:* Self-reliance, excellence, earned rewards, pride, and commitment enable residents to become productive members of society.
- *Active and continuous learning:* Continuous learning about themselves and the world strengthens residents' ability to maintain recovery.

TCA Staff Competency—Understanding the Need for a Belief System Within the Community

A TC operates with a set of beliefs, values, and guidelines that constitute its belief system. This system is the foundation for the positive social learning process. Staff members must demonstrate understanding of the TC belief system to be effective members of the community. Key assumptions of the TC belief system are that

- The TC treatment approach is effective.
- Residents can change and become responsible members of mainstream society.
- The community-as-method approach facilitates change. The TC, rather than a single therapist or counselor, is the healing force that facilitates individual change.
- Each member of the TC must assume responsibility for his or her behavior.

Review of Module 3

Review

In your small group, discuss and quiz one another on the following (feel free to take notes on this page). Can you

- \$ Describe three distinctive features of the TC: TC language, community-as-method, and rational authority?

- \$ Give an example of TC views: view of the disorder, view of the person, view of recovery, and view of right living?

- \$ State at least three assumptions of the TC belief system?

- \$ Explain at least one way staff members can demonstrate that they understand the need for a belief system?

Small-Group Activity

Create a poster that illustrates one of the TC views. See Summary of Module 3 for definitions of each view.